

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
							CLAIMS				
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1	/						51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
8							58				
9	<del>/</del>	<del>/</del>					59				
10	<del>/</del>	<del>/</del>					60				
11	<del>/</del>	<del>/</del>					61				
12	<del>/</del>	<del>/</del>					62				
13	<del>/</del>	<del>/</del>					63				
14							64				
15							65				
16							66				
17							67				
18							68				
19							69				
20	/						70				
21	/						71				
22							72				
23							73				
24							74				
25							75				
26	/						76				
27	<del>/</del>	<del>/</del>					77				
28	<del>/</del>	<del>/</del>					78				
29							79				
30							80				
31	/						81				
32	/						82				
33							83				
34							84				
35	/						85				
36							86				
37							87				
38	<del>/</del>	<del>/</del>					88				
39	<del>/</del>	<del>/</del>					89				
40	<del>/</del>	<del>/</del>					90				
41	<del>/</del>	<del>/</del>					91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	5						TOTAL IND.				
TOTAL DEP.	31						TOTAL DEP.				
TOTAL CLAIMS	36						TOTAL CLAIMS				